

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	7						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	5	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	6						TOTAL CLAIMS						